EXHIBIT C

	mout rount roy (roroc)			
UNITED STAI	I.S BANKRUPTCY COURT	D	STRICT OF	
Non-sef D. has				PROOF OF CLAIM
Name of Dubtor		Case	Number	
145A 4	OMMERCIAL MORTGAGE	(d)	13K-S-06-10725=	LRADER AND EURO
NOTE The fee	a should not be seed to seed to be a		THE WAY	CENTEU AND FILED
THE THE PARTY NAMED IN	is should not be used to make a claim for an auminin	かいない マモ ヒメ	Deuge wighly wifel the commenceme	ent e
of the case A	request for payment of an administrative expense ma	ly be filed		
None of Control	(T)			2001 JUG 14 P = 24
	r (The person or other entity to whom the		eck box if you are aware that anyon	
debtor owes mon	ney or property)	CIS	e has filed a proof of claim relating	o n LUCHUDIOY COURT
IAYG 1	RUST DATED 7/5/00		ur claim Attach copy of statement	S BANKRUPILT LUUKI
1 % AUE	X G. GASSIOT, TRUSTE	Ł *		ATRICIA GRAY CLERK
Name, and address	ss where notices should be sent		eck box if you have never received	
	GIGASSIOT		tices from the bankruptcy court in t	his
	LOVER WAY	cas		. •
3/10	10000		eck box if the address differs from t	
Telephone numb	0, NV 89509		iress on the envelope sent to you by	THIS SPACE IS FOR COURT USE ON
	er 775-826-8280		court.	
	f account or other number by which creditor		eck here replaces	
identifies debtor	? (CHENT# 1) 5270)	ıft	his claim 🔲 amends a previously	filed claim dated
1 Basis for C			□ P-+	- 11 11 0 C 8 1114(-)
			Retiree benefits as defined	• • • •
	s sold		☐ Wages salaries and comp	
	ces performed		Last four digits of your SS	
	y loaned		Unpaid compensation for	services performed
Person	nal injury/wrongful death		from	to
☐ Taxes			(date)	(date)
☐ Other			(22.0)	(care)
2. Date debt	was incurred	3	If court judgment, date obtai	han
	6/20/05 10/24/05 3/01/04		in court judgment, care votal	acu
4 Classification	of Claim. Check the appropriate box or boxes the	ut best de	scribe your claim and state the amo	unt of the claim at the time case file
	le for important explanations		Secured Claim	
Unsecured Nor	priority Claum \$		Secured Claim	
			Check this box if your claim	m is secured by collateral (including
b) your claim exc	box if a) there is no collateral or lien securing your ceeds the value of the property securing it or if c) r claim is entitled to priority	claim, or	a right of setoff)	, ,
only part of your	claim is entitled to priority	ione of	D (D)	
			J Direct Description of Cone	iterai
Unsecured Prior	rity Claim		Real Estate 🗆 Mot	
☐ Check this h	ox if you have an unsecured claim all or part of w	hich is	Value of Collateral \$	300,000 T
entitled to priority	y	111011 15	RETRESEN	thanges at time case filed included in
	_			
Amount entitled t	o priority \$		secured claim if any \$	
Specify the priority of	of the claim		11a to \$2.225* of document	
			or services for personal family or	purchase lease or rental of property
☐ Domestic sup	port obligations under 11 USC § 507(a)(1)(A) or		or services for personal family or § 507(a)(7)	nousehold use - 11 0 5 C
(a)(1)(B)				
☐ Wages colore	es, or commissions (up to \$10,000),* earned within	[]	Taxes or penalties owed to govern	mental units - 11 USC § 507(a)(8)
days before filing	of the bankruptcy petition or cessation of the debto	180	Other - Specify applicable paragra	ph of 11 USC § 507(a)()
business, whicheve	of the bankruptcy petition or cessation of the debtoer is earlier 1! USC § 507(a)(4)	*4=		4/1/07 and every 3 years thereafter
_			with respect to cases commenced of	white the data of advisional
Contribution	s to an employee benefit plan - 11 USC § 507(a)	(5)		m or after the date of dajustment
5 Total Amou	unt of Claim at Time Case Filed	•	250260+	- 25m 26n+
•		4	(unsecured) (secured)	(priority) (Total)
Check this bo	x if claim includes interest or other charges in addi	tion to the	e principal amount of the claim. At	(priority) (Total)
/ interest or add	litional charges.		principal amount of the claim 70	den temized statement of all
6. Credits T	he amount of all payments on this claim has been o	madisad a	and alandom and for the comment of	
making this pro	of of claim	acritica s	nd deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting I	Occuments Attach copies of supporting document	<i>us</i> , such a	as promissory notes, purchase	į
orders invoices	s itemized statements of running accounts contract	ts, court j	udgments, mortgages, security	ĺ
agreements an	d evidence of perfection of lien DO NOT SEND	ORIGIN	AL DOCUMENTS If the	
documents are	not available explain If the documents are volum	inous aft	ach a summarv	
8. Date-Stamper	Copy To receive an acknowledgment of the film	or of	r cloum, england a standard 1.	
addressed envel	lope and copy of this proof of claim	ng or you	ciaim, enclose a stamped, self-	
Date / 1				
	Sign and print the name and title if any, of the	creditor	or other person authorized to	
8/11/06	file this claim (attach copy of power of attorn	ey, if any		
, ,	ALEX FIGASSI	J ()	TRUSTEE	
				USA CMC

FORM BTO (Official Form 10) (10	(05)			
UNITED STATES BANKRUPTCY	Court	1	DISTRICT OF	
Name of Duhtor	. 1	C	se Number	PROOF OF CLAIM
USA COMMERCIA	1 HORTGAGE	(a)	BK-S-06-10725	-LBK H'CLIVED AND F
NOTE This form should not be used to	o make a claim for an admin	ustrative	expense ansing after the confinence:	ment ANU F
of the case A request for payment o	f an administrative expense in	nay be fil	ed pursuant to 11 USC. § 503	
Name of Creditor (The person or other	entity to whom the		Theck box if you are aware that any	one 2006 AUG 17 P.
debtor owes money or property)	1.1.	e	ise has filed a proof of claim relatin	g to
APG TRUST DA		1 0	our claim Attach copy of statemer iving particulars	" PICCO
Name and address where notices shou	SIOT, TRUSTER	华口。	heck box if you have never receive	dany 'M' L
ALEX GIGAS			otices from the bankruptcy court in	this
3710 CLOVER			ase heck box if the address differs from	the
Telephone number 775	509		idress on the envelope sent to you t	THIS SPACE IS FOR COURT USE OF
Last four digits of account or other num	826 - 8280	-	e court. heck here	
identifies debior ? (CHENT	# 10 5270	1	this claim amends a previous	ly filed claim dated
1 Basis for Clarm			☐ Retiree benefits as define	
☐ Goods sold				pensation (fill out below)
Services performed			Last four digits of your S	S#
Money loaned			Unpaid compensation for	r services performed
Personal injury/wrongful de	atn		from	
Other —			(date)	(date)
2. Date debt was incurred	1.1.51.1.	3.	If court judgment, date obta	ined
	124/05 3/01/06			
4 Classification of Claim. Check the See reverse side for important explana	appropriate box or boxes tha	ut best de	scribe your claim and state the amo	ount of the claim at the time case file
Unsecured Nonpriority Claim 5			Secured Claim	
Check this box if a) there is no co	liateral or lien securing your	claim o	Check this box if your cla	um is secured by collateral (including
b) your claim exceeds the value of the ponly part of your claim is entitled to pri	roperty securing it, or if c) no	one or	a right of setol()	
Unsecured Priority Claim	w.r.y		Brief Description of Coll	ateral
-			Real Estate	tor Vehicle Other
Check this box if you have an unsecentitled to priority	cured claim all or part of wh	nich is	REMESEN	TED!
Amount entitled to priority \$			secured claim if any \$	charges at time case filed included in
Specify the priority of the claim		_	L	
	15 11 6 G # 60m > 4 > 4 > 4 > 4 > 4 > 4 > 4 > 4 > 4 >	П	or services for personal, family or	purchase lease or rental of property
 Domestic support obligations under 1 (a)(1)(B) 	11 U S C 9 307(a)(1)(A) or		§ 507(a)(7)	
Wages, salaries, or commissions (up t	o \$10.000) * carned within 1	180		mental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petitic business, whichever is earlier 11 USC	on or cessation of the debtor	s —	Other - Specify applicable paragra	
Contributions to an employee benefi			ounts are subject to adjustment on with respect to cases commenced o	4/1/07 and every 3 years thereafter
Total Amount of Claim at Time))	272/2	
		₹_	(unsecured) (secured)	250,260+
Check this box if claim includes interest interest or additional charges.	est or other charges in addition	on to the	principal amount of the claim Att	tach itemized statement of all
			d deducted for the purpose of	
making this proof of claim	and the state of t	suited air	a deducted for the purpose of	THIS SINCE IS FOR COURT USE ONLY
Supporting Documents: Attach cop	tes of supporting documents	s, such as	promissory notes nurchase	
arada, invoices recilized statelifelits of	funning accounts contracte	COURT TO	domanta madasassi	Filed date
B. server, and extractive of Dellection	LOTHEN DEDNOTESTADO C	ADICINI.	AT DOORDANDARDO real	med date
documents are not available, explain If Date-Stamped Copy To receive an a addressed envelope and copy of the per-	cknowledgment of the El	ous, attac	ch a summary	tiled date
addressed envelope and copy of this pro	of of claim	or your	ciaim, enclose a stamped self-	2 1
ate / Sign and print the n	ame and title if any of the a	reditor o	r other person authorized to	8117106
	h copy of power of attorney	(If anv)		
	1.03300	' ')	TRUSTEE.	USA CMC
Penalty for presenting family				1072500204
Penulty for presenting fraudulent claim Fin	\$500,000 or impl	nsonmen	t for up to 5 years or both 18 U S	C §§ 152 and 3571

,	OOF OF CLAIM
Name of Debtor Case N	umber
LLSA COMMERCIAL MORTGAGE CO BK	
1	-5-06-1072.5 LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Cheek how fundings
ansing after the commencement of the case A "request" for payment of an	Check box if you are aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
11321241000105	Check box if you have
ARTHUR E KEBBLE & THELMA M KEBBLE FAMILY TRUST DATED 5/19/95	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
C/O ARTHUR E KEBBLE & THELMA M KEBBLE TRUSTEES	BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT
9512 SALEM HILLS CT LAS VEGAS NV 89134-7883	Check box if this address on the differs from the address on the
	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (762 - 242 - 4129	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces
# 1683	if this claim or a previously filed claim dated
	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill out below)
Services performed	r digits of your SS # (not for loan balances)
Money loaned Unpaid	compensation for services performed from to (date)
	COURT JUDGMENT, DATE OBTAINED (GETC)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a right of setoff) SISTTRUST DECA
UNSECURED PRIORITY CLAIM	Brief description of collateral OW PROPERTY
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority Amount entitled to priority \$	Value of Collateral \$ +32,646 71 5 7 313,767.61
· · · · · · · · · · · · · · · · · · ·	Amount of arrearage and other charges included in secured claim, if any \$ 32,4457
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other - Specify applicable paragraph of 11 U S C § 507(a) ()
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 313	767.61 +INTEREST 10,292854 7 \$327,563.5
(unsecured)	secured) + Hold Marker 3,563.82) (Total) X
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemized statement of all interest or additional charges 🔏
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , s	uch as promissory notes purchase orders, invoices itemized statements of
running accounts contracts, court judgments, mortgages, security agreemer DOCUMENTS If the documents are not available explain. If the document	s, and evidence of perfection of lien DO NOT SEND ORIGINAL sare voluminous attach a summary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporati	ng Pacific time, on November 13, 2006
governmental unite\	
BMC Group BMC Gr	
	ACM Claims Docketing Center FILEU NUV IV ZUU0 st Franklin Avenue
El Segundo CA 90245-0911 El Segui	do CA 90245
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any)	or other person authorized to file
11/3/06 HATHLIRE KEBBLE	Pattur & Jabble 1072501177
TRUSTEE C	TATULE INTO

FORM BIO (Omciai Form 10) (10/05)			فالمناف المنافي والمناف
United States Bankrupicy Court	Dis	TRK I DI <u>Navada</u>	PROOF OF CLAIM
Name of Dibior USA Commercial Mortgage Company	}		
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement			
of the case. A request for payment of an administrative expense ma			
Name of Creditor (The person or other entity to whom the dibtor owns money or property) Augustine Tuffarelli Trustee of the Augustine Tuffarelli Fanily Trust	else your givii	ck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statementing particulars. ck box if you have never received any	
Name and address where notices should be sent Thomas R Brooksbank, Esset A.2 689 Serra Rose Drive St A.2 Reno NV 89511	notic case	ces from the bankruptcy court in this ck box if the address differs from the	
Telephone number 775-329-5230	the	ress on the envelope sent to you by court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		ck here □ replaces us claim □ amends a previously f	iled claim dated
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death		Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se	sation (fill out below)
Taxes Money Invested		(date)	(date)
2 Date debt was incurred B6-15-2004	3.	If court judgment, date obtained	ed
4 Classification of Claim Check the appropriate box or boxes th	nat best des	scribe your claim and state the amount	nt of the claun at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$		Secured Claim	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	ır claım, or none or	Brief Description of Collate	n is secured by collateral (including 5 NOTES + DEDS eral OF TRUST
Unsecured Priority Claim		☐ Real Estate ☐ Moto	or Vehicle Other———
Check this box if you have an unsecured claim all or part of ventitled to priority	which is	Amount of arrearage and other ch	narges at time case filed included in
Amount entitled to priority \$		secured claim, if any \$	
Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) of	or .	Up to \$2,225* of deposits toward p or services for personal family or \$ 507(a)(7)	ourchase, lease, or rental of property household use - 11 USC
(a)(1)(B)		Taxes or penalties owed to government	nental units - 11 U S C § 507(a)(8)
☐ Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 USC \$507(a)(4)	tor's	Other - Specify applicable paragrap	
Contributions to an employee benefit plan - 11 USC \$ 507(a)		mounts are subject to adjustment on with respect to cases commenced of	
5 Total Amount of Claim at Time Case Filed	\$	250,000	250,000.00
Check this box if claim includes interest or other charges in ad- interest or additional charges	dition to th	(unsecured) (secured) ne principal amount of the claim Att	(priority) (Total) tach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim	n credited a	and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volu-	racts court ND ORIGII	judgments, mortgages security NAL DOCUMENTS If the	Filed date 816106
B Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim		-	816106
Date Sign and print the name and title, if any, of t file this claim (attach copy of power of attor	the creditor	r or other person authorized to y)	USA CMC
8-44 Len 1/21			1072500089

	ntered 06/27/11 14:07:45 Pa	ge 6 of 11
	OOF OF CLAIM	•
Name of Debtor Case Nu	ımber	
USA COMMERCIAL 06 MORTGAGE COMPANY	-107,25R	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address AYLENE GERINGER AND MARK ZIPKIN 4321 CHERRY HILLS LN TARZANA CA 91356-5406	BMC Group in this case SECURED INTE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number (8/98 343 (3//	envelope sent to you by the Bankruptcy Cour	ready filed a proof of claim with the t or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies debtor	C replaces	
75//	if this claim amends	y filed claim dated
Coods sold Personal munifuronaful death	benefits as defined in 11 U S C § 1 l14(a)	Unremitted principal
□ wages,	salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Last loa	r digits of your SS # compensation for services performed from	(date) to Present
2 DATE DEBT WAS INCURRED 1/6/06 3 IF C	OURT JUDGMENT, DATE OBTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	ribe your claim and state the amount of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 20,425,79	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is sect	ured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority See affective believed.	a right of setoff) Brief description of collateral	
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehic	le
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$	
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charge secured claim if any \$	s <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days	Up to \$2 225* of deposits toward purchase leas services for personal family or household use	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units	* ',''
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S * Amounts are subject to adjustment on 4/1/07 to	and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$20 425.79	with respect to cases commenced on or after th	\$
AT TIME CASE FILED default delinquent (ungecured) 65% of Check this box if claim includes interest or other charges in addition to the principal	secured) amounts (priority) amount of the claim. Attach itemized statement	by See attached of all interest or additional charges,
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , see running accounts contracts court judgments mortgages security agreements.	uch as promissory notes purchase orders in ts, and evidence of perfection of lien DO No	voices itemized statements of
BOCUMENTS If the documents are not available explain if the document B DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		ed envelope and copy of this
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporate governmental units)	ng Pacific time, on November 13, 2006	THIS SPACE FOR COURT USE ONLY
	OR OVERNIGHT DELIVERY TO	ED DEC 0 8 2006
Attn USACM Claims Docketing Center Attn US	ACM Claims Docketing Center Fill st Franklin Avenue	
El Segundo, CA 90245-0911 El Segundo	ndo, CA 90245	
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any)	or other person authorized to file	USA CMC
12/7/06 aylen Derent	Mole	1072501626

######################################	4-3ºRE	Metel 16/27/A1M 4	YOUR CLAIM IS SCHEDULED AS		
Name of Deblor	Case Number		Schedule/Claim ID s31396		
]	'25-LBR	Amount/Classification		
USA Commercial Mortgage Company	00-107	23-LDN	\$12 951 80 Unsecured		
NOTE See Re73 se for List of Debtors and Case Numbers his form should not be used to make a claim for an administ ative examining after the commencement of the case. A request for payment administrative expense may be filed pursuant to 1 USC § 503 Name of Creditor and Address NANCY BRAUER IRA 2222 ALBION ST DENVER CO 80207-3708	t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the		
Creditor Telephone Number () 303-388-3113		envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies	debtor	Chack here Treplan	<u> </u>		
6671		Check here I replace or or armer	a previously filed claim dated		
Taxes ■ Basis FOR CLAIM ■ Goods sold ■ Personal injury/w ongful death ■ Taxes] Wages, s Last four	penefits as defined in 11 U S salaries and compensation (digits of your SS #	(fill out below) Other claims against servicer (not for loan balances)		
Money loaned	Unpaid c	compensation for services pe	rformed from to(date) (date)		
2 DATE DEBT WAS INCURRED 9/1/05 & 10/24/1)	3 IF C	OURT JUDGMENT, DATE O			
4 CLASSIFICATION OF CLAIM Check the appropriate box or hickes that See reverse side for important explanations	t best describ		nt of the claim at the time case filed		
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	and states to account by callaborat (materials		
Check this box if a) there is no collateral or fien securing your claim or by exceeds the value of the property securing it or if c) none or only part of you	your claim	a right of setoff)	our claim is secured by collateral (including		
entitled to priority	ur Gam is	Bnef description of	collateral		
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle		
Check this box if you have an unsecured claim all or part of which in entitled to priority		Value of Collateral	Exceeds amount of loan \$ plus interest		
Amount entitled to priority \$		Amount of arrearage a	nd other charges <u>at time case filed</u> included in \$_See_attached		
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a.(1)(A) or (a/(1)(B))	-		ard purchase lease or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within Efficial/	LI	services for personal family o	r household use 11 U S C § 507(a)(7)		
before filing of the bankruptcy petition or cessation of it e debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)			vernmental units 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) ()		
Contributions to an employee benefit plan 11 U S C 3 507(a)(5)	<u> </u>	Amounts are subject to adjus	stment on 4/1/07 and every 3 years thereafter		
5 TOTAL AMOUNT OF CLAIM \$	10 008	with respect to cases commen 45 + inter\st	ced on or after the date of adjustment \$ 90,998 45 + interest		
AT TIME CASE FILED (unsecured)		secured) (See attachmo			
Check this box if claim includes interest or other charges in add tion to	•	•	`` '		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filling of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center P. O. Box 911 THIS SPACE FOR COURT USE ONLY USE ONLY THIS SPACE FOR COURT USE ONLY 1330 Fact Franklin Avenue					
P O Box 911 El Segundo, CA 90245 0911		t Franklin Avenue do, CA 90245	,		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file			
11/06/06 Nancy (15)	an	Nancy Braue	r IRA		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impri onmer	nt for up to 5	years or both 18 USC §§ 15	22 AND 3571		

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

D Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges

5 Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff) Brief description of collateral □ Real Estate ☐ Motor Vehicles

□ Other Value of collateral \$

Amount of arrearage and other charges at time case filed included In secured claim, if any

6 Unsecured Priority Claim

Check this box if you have an unsecured priority claim Amount entitled to priority \$

Specify the priority of the claim

□ Wages, salaries or commissions up to \$4 300* earned within 90 days before filing of the Bankruptcy petition, or cessation of the debtor's business whichever is earlier 11 U S C

□ Contribution to an employee benefit plan 11 U S C § 507(a)(4) □ Up to \$1,950* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C §507(a)(6)

□ Alimony, maintenance or support owed to a spouse former spouse or child - 11 U S C §507(a)(7)

□ Taxes or penalties owed to governmental units 11 U S C §507(a)(8)
□ OTHER Specify applicable paragraph of 11 U S C § 507(a)(__)

*Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits the amount of all payments on this claim has ben credited and deducted for the purpose of making this proof of claim

8 Supporting documents attach copies of supporting documents such as promissory notes, purchase orders invoices, itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 Date Stamped copy To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and a copy of this proof of claim (This space for court use)

FILED NOV 13 2006

Sign and print the name and title, if any, of the treditor or other person authorized to file this claim (attach copy of power of attorney if any).

claim (attach copy of power of attorney

Stephen P Harris Attorney for Creditor

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §152 & 3571

FORM B10 (Official Form 10) (10/05)

	Car Tolli Toj (Toros)					
UNITED STATE	S BANKRUPICY COURT	Dis	TRIC 1	OF_	Nevada	PROOF OF CLAIM
Name of Dubtor		Case	Number			PROOF OF CLAIM
USA CON	MMERCIAL MORTEAGE C	0	06 ,	10	125 XBR	
NOTE This form	should not be used to make a claim for an admini	strative ex	pense ans	sing	after the commencement	
of the case A re	equest for payment of an administrative expense in	ay be filed	pursuant	to I	I USC § 503	
Name of Creditor	(The person or other entity to whom the	Che	ck box 1	f voi	are aware that anyone	-
debtor owes mone	cy or property) RONALD A JDHNSON OF CIT 8.8 ING PEUSION	clse	has filed	1 a p	roof of claim relating to	
PLAN	OF CITSIB AND PENSION	you	r claim ing partic		ch copy of statement	
					, I have never received an	,
	s where notices should be sent	not	ces from		bankruptcy court in this	
50 SNIDE	RWAY	Che		fihe	address differs from the	
SPARKS	1115-359 9415	add	ress on th		velope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of	account or other number by which creditor		court.	7 7		THIS OTHER IS NOW CHORT ON ONLY
identifies debtor	account of other number by which creditor	1	ck here		replaces amends a previously fi	iled clasm dated
1 Rasis for C	1					
Goods					e benefits as defined in	
	es performed		⊔ ″	ast f	s salaries and compen our digits of your SS #	sation (IIII out below)
	loaned				id compensation for se	
	al injury/wrongful death		fr	om		_ to
Other	SEE EXHIBIT A				(date)	(date)
2 Date debt v	was incurred	3.	If cou	rt i	idgment, date obtaine	
	3/05				-ag	
4 Classification	of Claim Check the appropriate box or boxes th	at best des	cnbe you	ır cl	aim and state the amoun	it of the claim at the time case filed
See reverse side	tor important explanations.				Claim	
	priority Claim \$ <u>202,800</u>		X	Cha	ak this hav if your aloum	an annual the sufficient of the
Check this b	oox if a) there is no collateral or lien securing you eeds the value of the property securing it, or if c)	r claim, or	a righ	t of	setoff)	is secured by collateral (including
only part of your	claim is entitled to priority	HONE OF		Впе	f Description of Collate	rai
Unsecured Prior	ity Claim	-				Vehicle Other
Check this be	ox if you have an unsecured claim all or part of w	vhich is		_	e of Collateral \$	
entitled to priority	, and or part of	THE IS	Amou	nt oi	f arrearage and other cha	arges at time case filed included in
Amount entitled to	priority \$		secure	d cl	aim if any \$2,800)
Specify the priority o	f the claim		Up to \$2	2 225	* of deposits toward p	urchase lease or rental of property
Domestic supr	port obligations under 11 USC § 507(a)(1)(A) o	. U	or service	ces f	or personal family or h	ousehold use - 11 U S C
(a)(1)(B)	30/(a)(1)(A)	_	§ 507(a)			
Wages salarie	s, or commissions (up to \$10,000),* earned within	1 1 2 A				ental units - 1! USC § 507(a)(8)
days before filing of	of the bankruptcy petition or cessation of the debter is earlier - 11 USC \$ 507(a)(4)	or's 📙				h of 11 USC § 507(a)()
	s to an employee benefit plan - 11 USC § 507(a	TAN	iounis ar with resi	e sui sect	bject to adjustment on 4, to cases commenced on	/1/07 and every 3 years thereafter or after the date of adjustment
)(3)	101	2A	4 444	
_	ant of Claim at Time Case Filed	S.	(unsecur	4 <i>VL</i>	(secured)	(priority) (Total)
Check this box	of claim includes interest or other charges in additional charges.	lition to the	principa	al an	nount of the claim Atta	(priority) (Total) ich itemized statement of all
- C - 11	cional charges.					
making this pro	e amount of all payments on this claim has been of of claim	credited a	na deduc	ted	for the purpose of	THIS SPACE IS FOR COURT USE ONLY
	ocuments Attach copies of supporting docume	ents, such a	s promis	sorv	notes, purchase	
orders invoices	itemized statements of running accounts contra	cts court i	udgmeni	ts. m	ortgages security	
agreements and	d evidence of perfection of lien DO NOT SEN	D ORIGIN	IAL DO	CUN	MENTS If the Fi	ED JAN 1 2 2007
	not available explain. If the documents are voluments				ry	
8 Date-Stamped addressed envel	Copy To receive an acknowledgment of the fill ope and copy of this proof of claim	ing of you	r claım, e	enclo	ose a stamped self-	
Date	Sign and print the name and title if any, of the	ne creditor	or other	per	son authorized to	
1/0/00	file this claim (attach copy of power of attor	ney if Any)			
1/8/07	Knah d	Mas	110	1	- t	USA CMC
						51 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Penalty for present	ting fraudulent claim Fine of up to \$500 000 or	ımprısonm	ent for up	p to	5 years or both 18 U S	C 1072502261

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	
Name of Debtor	Case Number	PROOF OF CLAIM
USA Commercial Mortgage Company	06-10725-2	BR
NOTE This form should not be used to make a claim for an administrative expense material of the case. A request for payment of an administrative expense materials of the case.	strative expense arising after the commencement ay be filed pursuant to 11 USC. § 503	ıt
Name of Creditor (The person or other entity to whom the debtor owes money or property) Larry R- Colborn + Leratta A Colborn Trustaes for the colborn Revocable Living Trust dated 8/6/90 Name and address where notices should be sent Larry + Loretta Colborn 1127 Broken Wagen Treil Dewey, AZ 86327	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received a notices from the bankruptcy court in the case. Check box if the address differs from the	ny 15
Telephone number (928) 775-2906	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously	filed claim dated <u>12/12/</u> 06
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined wages salaries, and compe Last four digits of your SS Unpaid compensation for s from	nsation (fill out below) # ervices performed
Taxes Other See Exhibit A 2. Date debt was incurred 03/26/04	3 If court judgment, date obtain	ted
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 244, 204.06 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B). Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U.S.C. \$ 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a). Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in additional charges.	Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Management Motor Value of Collateral Amount of arrearage and other claim if any \$3,6 Up to \$2 225* of deposits toward por services for personal family, or \$507(a)(7) Taxes or penalties owed to governing the secured claim if any \$3,6 Other - Specify applicable paragram *Amounts are subject to adjustment on with respect to cases commenced on the claim Attention to the principal amount of the claim Attention	the respective of the secured by collateral (including the respective of the secured by collateral (including the respective of the secured o
 Credits The amount of all payments on this claim has been making this proof of claim Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contrar agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are volum Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim 	ents, such as promissory notes purchase cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the ninous attach a summary	THIS SPACE IS LOR COURT USE ONLY FILED JAN 12 200
Date, Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn Three for the file	ne creditor or other person authorized to ney if any) トレップでエ	USA CMC 1072502190

Case 06-10725-gwz Doc 8564-3 Entered 06/27/11 14:07:45 Page 11 of 11 **FORM B10** (Official Form 10) (10/05)

TOKIN DIO (CINCIAI FOITH TO) (10/05)					
UNITED STATES BANKRUPTCY COURT Nevada	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Debtor	Case Number				
USA Capital Mortgage Company, Inc	BK-S-06-10725-LBR	E-Filed 8-9-06			
NOTE This form should not be used to make a claim for an administra of the case A 'request" for payment of an administrative expense may be	tive expense arising after the commencement filed pursuant to 11 U S C § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone				
JAMES CORISON	else has filed a proof of claim relating to your claim Attach copy of statement				
	giving particulars				
Name and address where notices should be sent JAMES CORISON	Check box if you have never received any	,			
P O BOX 21214	notices from the bankruptcy court in this case				
RIVERSIDE, CALIFORNIA 92516	Check box if the address differs from the				
Telephone number	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor	Check here replaces				
identifies debtor	if this claim amends a previously file	d claım, dated			
1 Basis for Claum Goods sold	Retiree benefits as defined in 1				
Services performed	Wages, salaries, and compensat	non (fill out below)			
Money loaned	Last four digits of your SS # Unpaid compensation for service	ces performed			
Personal mjury/wrongful death Taxes	_				
Other	(date)	(date)			
2 Date debt was incurred 11/24/2003	3 If court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes that	t hast describe your clause and state the annual of	F 411 1. 1			
See reverse side for important explanations	Secured Claim	the claim at the time case file			
Unsecured Nonpriority Claim \$	Charleston S.	11 11 . 1 . 1 . 1			
Check this box if a) there is no collateral or lien securing your	claim, or a right of setoff)-	ecured by collateral (including			
b) your claim exceeds the value of the property securing it, or if c) re only part of your claim is entitled to priority	none or				
Unsecured Priority Claim	Brief Description of Collateral Real Estate Motor Ve				
Check this box if you have an unsecured claim, all or part of whic	V. 1				
entitled to priority	Amount of arrearage and other charge				
Amount entitled to priority \$	secured claim, if any \$				
Specify the priority of the claim.	☐ Up to \$2,225* of deposits toward pure	hase, lease, or rental of propert			
☐ Domestic support obligations under 11 U S C § 507(a)(I)(A) o	or services for personal, family, or hot § 507(a)(7)	usehold use - 11 U S C			
(a)(l)(B)	Taxes or penalties owed to governmenta	l units - 11 U S C § 507(a)(8)			
Wages, salaries, or commissions (up to \$10,000),* earned with	in 180 Other - Specify applicable paragraph of	of 11 USC § 507(a)()			
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	Amounts are subject to adjustment on 4/1/	07 and every 3 years thereafter			
Contributions to an employee benefit plan - 11 U S C § 507(a)	with respect to cases commenced on of	r after the date of adjustment			
5 Total Amount of Claim at Time Case Filed	\$ 1,023,000 00	1,023,000 00			
Check this box if claim includes interest or other charges in add	(unsecured) (secured) (priorition to the principal amount of the claim Attach	ority) (Total)			
interest or additional charges 6 Credits The amount of all payments on this claim has been or	nodited and deducted Co. d	***************************************			
making this proof of claim	In	IS SPACE IS FOR COURT USE ONLY			
7 Supporting Documents Attach copies of supporting document		0. 1 1 1			
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available, explain If the documents are volu	filed date 819106				
bate-stamped Copy 10 receive an acknowledgment of the filing of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorne	USA CMC				
1/106 Homes miso	- T	1072500092			
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprison		3571 American LegalNet, Inc			
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American LegalNet, Inc www USCourtForms com